

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

## **BOARD OF ARCHITECTS**

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@state.de.us</u>

#### APPLICATION FOR ARCHITECTURE CERTIFICATE OF AUTHORIZATION LICENSURE

## **Which Businesses Must Register**

Whether a business that provides or offers to provide architecture services in Delaware is required to file an application for a Delaware Certificate of Authorization depends on the classification of the business. Even if the business is *not* required to file an application, the business must provide a statement to the Board office certifying to its status.

| IF the business is a   | THEN  | AND a Certificate of Authorization application is                            |
|--|---|--|
| Sole Proprietorship  | the owner owns and controls the business and practices (or offers to practice) architecture only under his or her own name  | not required. However, the owner must submit a statement to the Board office |
| Sole Member Limited<br>Liability Company   | the business is equivalent to a Sole Proprietorship   | certifying that the business is a sole proprietorship or equivalent.         |
| any of these:  Partnership  "S" Corporation  "C" Corporation  Limited Liability  Company  Limited Liability  Partnership | <ul> <li>both of these apply:         <ul> <li>one or more of the officers, partners, members or managers who is a licensed architect must be designated as responsible for any architecture services on behalf of the business entity</li> </ul> </li> <li>all personnel of the business who act in its behalf as architects in Delaware or for clients located in Delaware must be registered architects</li> </ul> | required. Follow the instructions below to apply.                            |

## **Requirements for All Applicants**

| File | e this application when a business is required to obtain a Certificate of Authorization.                              |
|------|---|
|      | Submit completed, signed and notarized <u>Application for Architecture Certificate of Authorization</u> .             |
|      | Enclose the non-refundable processing fee by check or money order made payable to "State of Delaware."                |
|      | Enclose copy of State of Delaware business license issued by the Division of Revenue or the Division of Corporations. |
|      | Arrange for each designated professional-in-charge to sign and seal an Acknowledgment of Professional in Charge.      |



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## APPLICATION FOR ARCHITECTURE CERTIFICATE OF AUTHORIZATION TYPE OF APPLICATION

| 1.       | Check one:   |                                   |                    |             |             |  |
|----------|--|-----------------------------------|--------------------|-------------|-------------|--|
|          | ☐ This is an <i>initial</i> application for an architectu  | ıre business.                     |                    |             |             |  |
|          | <ul> <li>This is a new application for an existing, lice a new license number will be issued.</li> <li>Name of business as it appears on the</li> <li>Professional license number from current</li> </ul>                    | current license:                  |                    | •           |             |  |
|          | <ul> <li>This is a re-application for a certificate of audicense number will be issued.</li> <li>Name of business as it appeared on the</li> <li>Professional license number from lapse</li> </ul>                           | ne <u>lapsed</u> license:         |                    |             | oved, a new |  |
| CC       | ONTACT AND LOCATION INFORMATION  |                                   |                    |             |             |  |
| 2.       | Business Name:   |                                   |                    |             |             |  |
| 3.       | Address of <i>Physical Location</i> of Main Office:  |                                   |                    |             |             |  |
|          |  |                                   | Street (no PO Box) |             |             |  |
|          | City   |                                   | State              |             | Zip         |  |
| 4.       | Phone: Fax:  | Email:                            |                    |             | ☐ None      |  |
| 5.       | Mailing Address of Main Office (if different):   |                                   |                    |             |             |  |
|          | City   |                                   | State              |             | Zip         |  |
| 6.       | If the address you entered in Question 3 is not in Delaware, does business have any Delaware locations? Yes \( \subseteq \text{No} \subseteq \text{If yes, enter the following information about each Delaware location:} \) |                                   |                    |             |             |  |
|          |  |                                   |                    | <u>DE</u> _ |             |  |
|          | Street   | City                              |                    |             | Zip         |  |
|          | Street   | City                              |                    | <u>DE</u> _ | Zip         |  |
|          |  |                                   |                    | <u>DE</u> _ | <del></del> |  |
|          | Street   | City                              |                    | DE          | Zip         |  |
|          | Street   | City                              |                    | <u>DE</u> _ | Zip         |  |
| 7.<br>8. | Does the business named above have a Delaw Delaware Division of Revenue Business Licens business is not required to hold a Delaware business IEIN:   | se. If no, submit a letter from t |                    |             |             |  |

| OWNERSHIP INFORMATION |  |                            |        |                             |            |  |
|-----------------------|--|----------------------------|--------|-----------------------------|------------|--|
| 9.                    | The owner of this business is a (check one):   Corporation Partnership Limited liability company   |                            |        |                             |            |  |
| 10.                   | O. Enter state where this business is incorporated, formed or registered:  |                            |        |                             |            |  |
| 11.                   | <ol> <li>Enter the following information about all corporate officers, board members, members, managers, principals, and<br/>partners.</li> </ol>  |                            |        |                             |            |  |
|                       | NAME   | NAME POSITION ADDRESS      |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       | You may attach a list instead  | l of completing the table. | The li | st must include the same in | formation. |  |
| DIS                   | DISCLOSURES  |                            |        |                             |            |  |
| 12.                   | 12. Do all personnel of this business who practice architecture in Delaware hold a current Delaware architecture license?  Yes  No  If no, attach an explanation.  |                            |        |                             |            |  |
| PR                    | OFESSIONAL IN CHARGE IN  | FORMATION                  | ī      |                             |            |  |
| 13.                   | 13. List the names of all person who are in responsible charge of the practice of architecture in Delaware on behalf of this partnership or corporation: Arrange for each person listed to sign and seal an Acknowledgment of Professional in Charge on the next page. |                            |        | NAME                        | POSITION   |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |
|                       |  |                            |        |                             |            |  |

# If more space is needed, you may copy this page.

| ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE   |  |  |  |  |  |
|--|--|--|--|--|--|
| I,, acknowledge that I have been designated as a person in responsible charge of and/or for direct supervision of architecture services offered or provided in Delaware by the corporation, limited liability company or partnership named above. I understand that the Board must be notified within 30 days if I am no longer associated with or acting in this capacity for this corporation, limited liability company or partnership.   |  |  |  |  |  |
| Signature: AFFIX SEAL  |  |  |  |  |  |
| Delaware Architecture License No: S5   |  |  |  |  |  |
| ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE   |  |  |  |  |  |
| I,   |  |  |  |  |  |
| Signature: AFFIX SEAL  |  |  |  |  |  |
| Delaware Architecture License No: S5   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| I,   |  |  |  |  |  |
| I,   |  |  |  |  |  |

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items <u>no later than</u> 4:30 PM ten full working days before the Board's meeting date (as specified on website: dpr.delaware.gov):

- · Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is <u>complete</u>, please allow 2-4 weeks to receive your license.

#### **AFFIDAVIT**

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for a Certificate of Authorization (24 *Del. C.* §312A) on behalf of the corporation, limited liability company or partnership indicated above, that he/she has read and reviewed the information provided in the *Application for Architecture Certificate of Authorization* and that the information and statements contained therein are true and correct, and that he or she understands that providing false information or employing or knowingly cooperating in fraud or material deception in order to be licensed is grounds for DENIAL OF LICENSURE OR DISCIPLINARY ACTION.

The undersigned further affirms that he/she understands that all applicants for an Architecture Certificate of Authorization must comply with all State of Delaware tax laws and must not engage in the practice of architecture in Delaware without a valid Certificate of Authorization.

The undersigned further affirms that any change in ownership of the corporation, limited liability company or partnership requires prompt submission of a new application and that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change.

THE PENALTY FOR FAILING TO FILE THIS APPLICATION WHEN REQUIRED IS A FINE OF UP TO \$2,500 FOR THE FIRST OFFENSE AND UP TO \$5,000 FOR THE SECOND OFFENSE.

| Name   | of Corp/LLC/Partnership:               |                               |        |       |     |
|--------|--|-------------------------------|--------|-------|-----|
| By Pri | nted Name:                             |                               | Title: |       |     |
| Signa  | ature:                                 |                               |        | Date: |     |
|        | County of                              | State of                      |        |       |     |
|        | Subscribed and sworn to before me this |                               | day of |       | , 2 |
|        | OF AL                                  | Signature of Notary Public: _ |        |       |     |
| SEAL   |  | My Commission expires:        |        |       |     |

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.